

Montana Public Vaccine and Eligible Populations – 2019 Federal Fiscal Year (starting October 1, 2018)

Private Provider without RHC Designation

“X” indicates eligible population at your facility. Indicates ineligible population or unavailable vaccine.

Vaccine Category	Vaccines	Funding Source	VFC Categories (through 18 years)				State-Underinsured ⁴	Adult		CDC Fully Insured ⁵
			Medicaid	American Indian/Alaskan Native	Uninsured ²	VFC/CDC Underinsured ³		Uninsured	CDC Underinsured ³	
Pediatric	DTaP IPV HIB Hep B Hep A PCV13 PPSV23 MMR Rotavirus Varicella Influenza	VFC	X	X	X	Refer to public health or FQHC/RHC				
Adolescent	MCV Tdap HPV	VFC	X	X	X	Refer to public health or FQHC/RHC	Refer to public health			
Adult ¹	Hep A/B Tdap/Td MMR HPV PPSV23 Influenza	317						Refer to public health	Refer to public health	
imMTrax Eligibility Designation ⁶			Medicaid Recipient	American Indian or Alaskan Native	Not Insured	Underinsured-VFC	Underinsured-State supplied	Not Eligible Adult-Not Insured	Not Eligible Adult-Underinsured	Not Eligible

¹ State-supplied adult vaccine is only distributed to public clinics.

² Uninsured: A person who has no public or private health insurance.

³ VFC/CDC Underinsured: A person who has health insurance, but the coverage does not include vaccines, only covers select vaccines, or coverage is capped at a certain amount. They are underinsured for the non-covered vaccines and vaccines received after exceeding the cap (FQHC/RHCs only and requires verification of lack of coverage).

⁴ State Underinsured: A person who has health insurance that covers or partially covers vaccines, but the co-pay or deductible is considered not affordable by the patient/parent/guardian (county health departments only).

⁵ CDC Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan’s deductible had not been met.

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